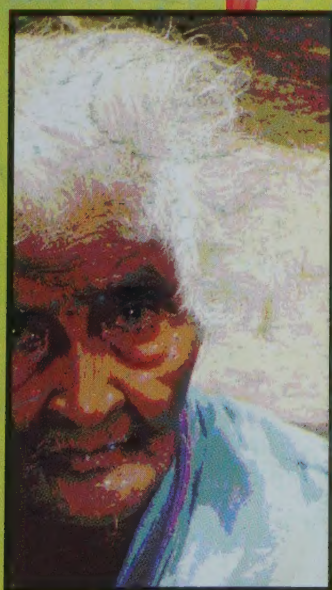
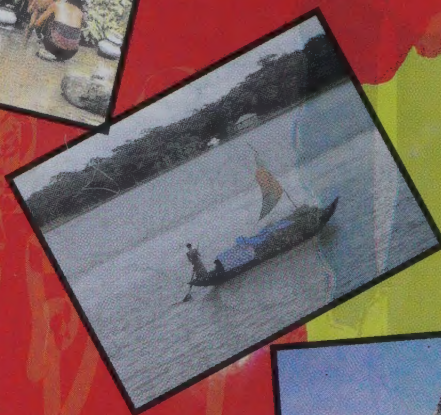


Health March Dhaka to Mumbai

IHF - WSF 2004



Health for All is Possible  
Another World is Possible



সবার  
জন্য  
স্বাস্থ্য  
সম্ভব

People's Health Movement  
Bangladesh Circle



**COMMUNITY HEALTH CELL**

*Library and Information Centre*

No. 367, Srinivasa Nilaya, Jakkasandra,  
I Main, I Block, Koramangala, Bangalore - 560 034.

THIS BOOK MUST BE RETURNED BY  
THE DATE LAST STAMPED

--	--	--

***Community Health Cell***

**Library and Information Centre**

367, " Srinivasa Nilaya "

Jakkasandra 1st Main,

1st Block, Koramangala,

BANGALORE - 560 034.

Phone : 5531518 / 5525372

e-mail:sochara@vsnl.com



# Health March Dhaka to Mumbai

January 9-23, 2004

## Contents

1. PHM Brief and Future
2. Steering Committee
3. PHM Management and Working Structure
  - 3.1 Advisory Committee
  - 3.2 PHM-WSF Organizing Committee
4. Theme Papers:
  - a. Health in the Poverty Reduction Strategy: The Bangladesh Case
  - b. Ensuring water rights for all in the Ganga-Brahmaputra-Meghna Basin
  - c. Why gas export is not a viable option for Bangladesh
  - d. Globalization, migration and trafficking of women and children: South Asia Perspective
5. Photographs of PHM Activities
6. Media Coverage
7. PHM-WSF Events



Editing

**Shelina Fatema Binte Shahid**

Assisted by

**A H M Foysool**

Design

**Abu Riyadh Khan**

Photographs

**DORP, RIC, DCI**

Published on

**9<sup>th</sup> January, 2004**

Published by

**PHM Bangladsh Circle Secretariat**

Printed by

**Barnamala Press & Publications**

Supported by

**ACTION AID-Bangladesh**



# PHM Bangladesh Circle

## Brief And Future

MAY 2002 - December 2003

### ACTIVITIES :

#### The Steering Committee

- Monthly/Bimonthly Meetings held regularly

#### National Committee Meeting :

- National Committee Meeting held every year from 2000
- Last Annual Conference held on 6<sup>th</sup> Sept 2003
- Issue based Circles formed
- Constitutional Framework accomplished and final constitution approved
- Health Rights Areas Identified
- Observance of 25 years of Alma Ata declaration

### Identified Issues:

Issues	Lead Organization
1 Globalization, Labor Rights and Pharmaceuticals	GK (Gono Shastha Kendra), & WRF (Workers Rights Forum)
2 PRSP and Health Water and Sanitation	DORP- DCI
3 Primary Health Care (PHC) with special reference to women, children and disadvantaged group	SCFA-Save the Children Australia Naripokkho, CNWCSW,
4 Mental Health and Other Disability	Mental Health Network, SARPV
5 HIV/AIDS, Drug Addictions and Poverty	
6 Women and Child Trafficking, Rights of Women and Children and their Health	MNSUS (Mukti Nari-O-Shishu Unnayan Sanstha)
7 Poverty and Anti Tobacco Plantation	Uddyog, B'PLUS

### Activities : 2003

- Attended Asian Social Forum : Hyderabad, India 2-7 January 2003
- Participated Health Assembly at Geneva, May 2003
- Strategic Planning Workshop held at PHA Bhaban, GK , Savar, from 25-26 September 2003 for implementation of Peoples Health Charter



## Issue based Activities:

**Combat Trafficking of Women and Children : Lead Organization :** Mukti Nari-O-Shishu Unnayan Sangstha

**PRSP and Health network :** Lead organization: DORP

- *Organized discussion meeting on 27 February 2003*
- *25 members of different organizations attended*
- *Reviewed the final I-PRSP prepared by Government*
- *Completed case study on health in PRS through focus group discussion and published report 2003*

### **Observations:**

- Voice of civil societies and health activists are not properly reflected
- Minor changes of drafts incorporated in I-PRSP
- Participation of civil societies and movements in preparing I-PRSP are absolutely inadequate
- Only city-based selected NGO's could half-heartedly participate as audience in I-PRSP preparation
- Health issues though said to be a priority area, strategy in preparing policies and implementations remain within the domain of government officials and their appointed consultants
- Vertical maneuvering and control by governmental institutions
- WB remains behind to dictate

### **Recommendations:**

- More awareness, and participation of grass - roots people to be ensured during final preparation of PRSP
- Civil institutions need adequate support for capacity building for meaningful participations
- Grass-root population to be involved to safeguard their health.
- Timely intervention before declaring National Budget 2003
- Presentation of findings of workshops conducted at root level
- Participants demanded more openness, health accountability and more participatory strategies beyond selected parties
- More Resource Allocation for Health in the National Budget 2003
- Reminded Constitutional Obligations of Governments to ensure Health for all Citizens
- WB representative Mr. Rafael Cortez agreed "Widening gap between poor and the rich; poor sections are gradually marginalized" while poverty level could neither be improved substantially over the years.
- Independent Health Commission to be set up
- Mass mobilization for Ensuring better management of Health Services
- Recommended monitoring of Health Service providers of the Government

### **Disability and Health :**

- Different representatives and PHM members working on disability and health participated in the workshop.

### **PHM network at district level :**

#### **Gaibandha :**

- Organized a workshop on " Reflection on Gaibandha Health Scenario" initiated by Uddog ( member organization of PHM ) on 18 March 2003.
- To establish health-monitoring cell at district level
- Monitoring cell constituted by government and non-governmental officials



**Rajshahi :**     **Lead organization: Rajshahi PHM Committee/ Uddog**

- 3 focus group meetings were held
- Divisional level workshop to be held by Feb. 2004

**Araihazar :**     **Lead Organisation : DCI**

- Mobilisation meeting was held on 19 March 2003
- Team visited health service standards at hospital, doctors and patients

**Women access to healthcare : Lead Organisatoin : Naripokho**

- Observed the day on 08 March 2003
- Discussed vulnerability of women health
- Economic deprivations
- Social exclusions.

## **Structure of PHM Bangladesh Circle**

- National Circle, Divisional Circle and Local circles (District to Union/Village) levels
- Structure at all levels will be same but members may vary.
- All circles will remain always open..
- National Circle consist of at least 101 members,
- Divisional Circles at least 81 members,
- District Circles at least 51 members and
- Sub district Circles 31 members.
- Number of members may increase or decrease.
- People's Health Charter is principle guideline
- Circles composed of different professional groups;
- Issue based interested groups or volunteers, health institutions
- Number of separate issue based groups
- Each issue-based group will have 7 to 21 members,
- Enough flexibility to increase or decrease the members
- National Circle will be comprised of representatives from divisional and regional Circles and issue based groups
- For geographical coverage at least one member from each of 64 districts
- A steering committee in each circle consisting of 15 to 21 members
- Duration of steering committee will be formed for two years.
- Annual Planning and budgeting will also be the responsibility of this committee.
- All policy decision of the National Circle should be consistent to People's *Health Charter*.

### **Plan 2004**

#### **Revitalization of Alma Ata Spirit:**

##### **Divisional and district level**

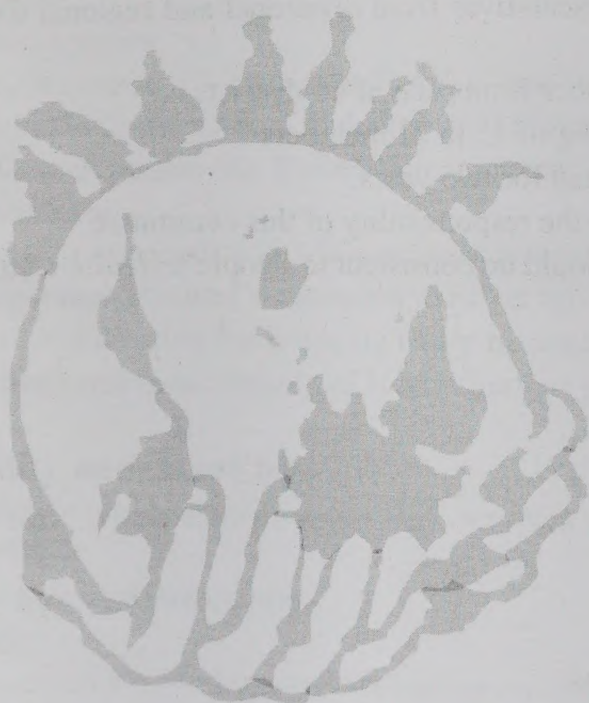
- Organize mass rally, campaign and awareness,
- Familiarize PHC issues through local initiatives
- Social dialogue, involvement of civil societies
- Monitoring of government health service delivery systems,



**PEOPLE'S HEALTH MOVEMENT (PHM)**  
Bangladesh Circle  
**STEERING COMMITTEE**

Name	Position	Organisation
Mr. A. H. M. Nouman	Chair Person	DORP
Mr. Sultan Mahmud	Co-Chair Person	Save the Children Australia
Dr. Murshed Chowdhury	Member	Gonoshyastha Kendra, (GK)
Mr. Shaik Abdud Daiyan	"	Grameen Kallyan Trust
Dr. Haroon-or-Rashid	"	BRAC
Dr. Mostaque Ahmed	"	ASA
Mr. Abul Hossain	"	UJON
Dr. Laila Parveen Banu	"	Rajshahi Divisional Committee PHM
Shelina Fatema Binte Shaïd	"	Mental Health Network
Shirina Parvin	"	VIDA
Ms. Shamima	"	PARDO
Mr. M. A. Zabbar	"	HDSS
A. F. M. Imamuddin	PHM Secretariat PHM	PHM

Member Co-opted



PHM

Bangladesh



## PHM MANAGEMENT AND WORKING STRUCTURE

### ADVISORY COMMITTEE

Dr. Zafrullah Chowdhury

Dr. Qasem Chowdhury

Abdullah Siddiqui

Abdul Mueyed Chowdhury

### Steering Committee

Chairperson : A.H.M.Nouman

### PHM-WSF ORGANISING COMMITTEE

Convener : Abul Haseeb Khan

#### a. Workshops and Themes Sub-Committee

Convener : Mr. Fakhru Ferdous

Members : Dr. Dalim Borman  
: Mr. Emdad Moslem  
: Ms. Sajeda Begum

#### b. Registration and Finance Sub-Committee

Convener : Dr. Nazmun Nahar

Members : A.F.M Imam Uddin

Member : Osman Ghoni

#### c. Visa, Passport, Travel Arrangements Sub Committee

Convener : Mr. M.A.Zabbar

Member : Sharmin Islam Daisy

#### d. Food and Accommodation Sub Committee

Convener : Dr. Laila Parveen Banu

Members : Mr. Shofi Uddin  
: Mr. Mahbubul Haque

#### e. Rally, Campaign and Mobilization Sub-Committee

Convener : Mr. B.K.Adhikary

Members : Abul Hossain  
: Tarikul Islam  
: Arzuman Ara Begum



f. Publications Sub Committee

Convener	:	Shelina Fatema Binte Shahid
Members	:	Zillur Rahman Khondakar
	:	Tahera Khanom
	:	Sajeda Begum
	:	Dr. A.S.M. Kamal Uddin Ahmed

g. Overall Coordination: PHM-BC Secretariat

:	A.F.M.Imam Uddin
:	Farhad Amin Chowdhury
:	Asma Akhter
:	Hilal Uddin

2. WSF BANGLADESH AND PHM COORDINATION COMMITTEE:

a. PHM Bangladesh Circle

1. Abul Haseeb Khan	RIC
2. Fakhrul Ferdous	DCI
3. Dr. Laila Parveen Banu	GK
4. A.F.M. Imam Uddin	PHM- Secretariat

b. WSF Bangladesh

1. Zakir Hossain	Nagarik Uddog
2. Abul Hossain	Garments Workers Federation
3. Ms. Begum	Nijera Kori
4. Reaz	Krishi Farm

Themes of workshops to be presented during IHF/WSF 2004 Mumbai, India

A. Gas and Natural Resources	:	Dr. Badrul Imam
B. Migrants, Trafficking and Labor Rights	:	Prof. Ishrat Shamim
C. Privatization of Healthcare Services	:	Dr. Qasem Choudhury
D. Water Rights in South Asia	:	Engr. Muhammad Hilaluddin
E. Health in the Poverty Reduction Strategy : Bangladesh Case:	:	Atiur Rahman



# Health in the Poverty Reduction Strategy: The Bangladesh Case

★ Atiur Rahman

Bangladesh is one of the poorest countries of the world with per capita income of USD 380 and per capita health expenditure of USD 12 only. Government bears only one-third of this expenditure. Nevertheless, Bangladesh has made progress in expanding health care facilities throughout the country although there is a serious question of quality and acceptability. There is also a widespread corruption in the government health care system. But the government health services still remains an important place in the system by providing critical services either free or at a heavily subsidised prices.

Table: Health and Social Services in Bangladesh

Indicator	Number
Person per hospital bed, 2001	4036
Person per physician, 2001	3977
Per capita health expenditure, 2003/04	Tk 220
Mean age at first marriage, 2000	Male-28.2 and Female-20.6
Fertility rate (per women), 2000	2.5
Access to safe drinking water, 1999 (percentage of households)	97.9
Access to sanitary latrine facilities (%), 1999	40.3
Maternal mortality (per thousand delivery), 2000	2.3
Life expectancy at birth, 2000	61.8
Population growth rate, 2001	1.54

Source: CDF (2002), MOF (2002, 2003), and BBS (2003).

## Health-poverty nexus

At macro level, improved health status of the people contributes to the economic growth at least in three ways: it reduces the work-loss and the production loss due to ill health; it increases school enrolment, contributes to improved performance at schools and thus helps to enhance future productivity; and improvement in health indicators make it possible to release private and public resources for alternative use. Health constitutes an important element in both Human Development Index (HDI) and Human Poverty Index (HPI). Being healthy is a valuable achievement in itself, and can be of direct importance to a person's effective freedom. Ill-health related risks also explain the vulnerability of tomorrow's poor. Therefore, good health has its contribution both to human well being, in economic growth and sustainable poverty reduction. A strategy for sustainable poverty reduction requires focus on income-generation as well as the problem of income erosion. The burden of income erosion stemmed from ill health falls disproportionately on the poor and the vulnerable. This constantly exerts a downward pressure along the poverty spiral causing many to slip into the poverty or further poverty.

## PRSP and health sector in Bangladesh

Poverty Reduction Strategy Papers (PRSPs) are at the heart of a new anti-poverty framework announced late in 1999 by the World Bank and IMF. They are intended to ensure that debt relief provided under the enhanced Highly Indebted Poor Countries (HIPC) Initiative, and concessional loans from the international financial institutions, help to reduce poverty in the poorest, most



indebted Southern countries. To get creditors' approval for debt relief, countries have to prepare a PRSP outlining poverty reduction goals and plans and must demonstrate progress towards these goals before any funds are released. In Bangladesh, the Interim Poverty Reduction Strategy Paper (I-PRSP) has recently been introduced by replacing the Policy Framework Paper (PFP). However, PRSP is required only for HIPC and Enhanced Structural Adjustment Facility (ESAF) countries; and these countries must have a PRSP before to seek new program support from IMF and World Bank. The essential features of PRSP are:

- it is developed in a participatory way;
- it is nationally owned; and
- it lays out a policy framework and agenda for trickling poverty

The Bangladesh PRSP has the following health-related targets to be fulfilled by 2015

- Reduction of infant and under-five mortality rates by 65% , and eliminate gender disparity in child mortality
- Reduction of proportion of malnourished children under five by 50% and eliminate gender disparity in child malnutrition
- Reduction of maternal mortality are by 75% Ensure access of reproductive health for all

In order to achieve the above objectives along with other pro-poor reform objectives the I-PRSP mentioned the need for a Strategic Health Plan which should have three elements: spending more (resource base needs to be broadened), spending better (all resources need to be used effectively and efficiently to achieve the maximum health status improvements), and spending for the right groups (consideration needs to be given to distributional objectives: *i.e.*, to the health of the poorest, the most disadvantaged and vulnerable groups).

However, there are some limitations of the I-PRSP:

- The poor are the most adversely affected by heavy burden of corruption of public health sector, which is not given precise and due importance in the PRSP. Neither an all-out strategy for combating corruption in public health care system has been mentioned.
- Gender barrier is recognised as a major source of health-related poverty, but remedy is not specific in the PRSP.
- Given the rising importance of non-communicable diseases for the poor (e.g., road injuries, violence, diabetic, and heart attack), PRSP did not give due attention to addressing these problems.
- PRSP did not take government's primary responsibility in addressing major public health problems facing the country (e.g., growing menace of arsenic contamination, dengue fever, re-appearance of malaria, and TB).
- It did not consider the urgent need for setting up basic urban health infrastructure especially designated to cater to the services of the urban poor.



## PRSP and health in Bangladesh: Exploring micro-situation

DORP (Bangladesh), AIS (Bolivia), CIN (Kenya) and Wemos (Netherlands) have undertaken a collaborative monitoring project for the year 2003-2005 with a view to monitoring and analysing the process of PRSP development and implementation along with the impact of PRSP on health policies in order to strengthen the input of health organisations in the PRS process. Under this project DORP carried out 12 focus group discussions (FGDs) at sub-district levels all over Bangladesh in 2003. The objectives of the Focus Group Discussions (FGD) are to explore the process of Bangladesh PRSP particularly in relation to the health sector to understand the extent of involvement of the poor in the process and the impact of PRSP process (development and implementation) in health sector at micro level to generate advocacy and lobby actions as PRSP is a tool to implement the National Health Policy 2000 of Bangladesh. Specifically, the objectives of FGD were:

- to capture local people's perception about health services,
- to know about local people and local health personnel's knowledge and association with the process of PRSP, and
- to trace out impact (if any) of PRSP on health and health budget at local level

The major findings of the discussions are:

- Almost all participants of all sessions first time came to know about the I-PRSP as well as PRSP (only 2 out of 360 participants knew about PRSP)
- People's perception about local health service is quite unsatisfactory
- Infrastructure exists, but outpatient service from government facilities is not satisfactory
- Nobody and no institutions from sub-districts level have been involved in the process of PRSP formulation
- Doctors absenteeism at government health complex is highlighted in some of the discussions
- Ambulance, image facilities (X-ray), etc. are found at upazila (sub-district) level but there is no operational budget for those equipment. A general observation at almost all the health complexes is that there is an ambulance but no driver or fuel to operate, or if it any spare part is needed there is no budget is the answer from the UHC administration.

All modern medical facilities are there at Dewanganj Health Complex, Jamalpur, "but the doctors are unable to do their necessary jobs along with operation in the absence of only one re-agent and an anesthetist. There are only four physicians at the health complex, but UHO and family planning doctor keep their business in administrative works. How can only two physicians provide service to 200,000 people? The water pump of the hospital is out of work and only one thousand Taka is needed to repair it. I have discussed it at the district council meeting but nothing is the result. Even I can pay it on my own official capacity – but my hands are bound by the official papers!" said Upazila Nirbahi Officer of Dewanganj in Jamalpur District.



- Service availability at UHFWC for Rich and Poor class is not identical than gender perspective. The rich always get priority and better facilities than the poor.
- Nobody knows about the budget for sub-district health complex. Even it is found UHO also does not know about the budget and allocation for the current fiscal year.
- Private initiative for better service has been taken in small scale but health maintenance has become expensive for poor segment of population.

#### Ways forward

- There is a need for a strong civil society monitoring mechanism at the local level. If there are no funds available, it should be mobilised through this mechanism. There could be committee to oversee the health personnel's activities.
- There should be participatory budgeting at the local level health system.
- An independent health monitoring Focal Point would be created in the General Economic Division (GED) of Planning Commission led by the civil society organisations, especially by those who are working in the health area.

#### References

- Bangladesh Bureau of Statistics (BBS) (2003): *Population Census 2001 National Report (Provisional)*, Ministry of Planning, Government of Bangladesh, Dhaka, July 2003.
- Credit and Development Forum (CDF) (2003): *CDF Microfinance Statistics*, Vol. 15, CDF, Dhaka, June 2003.
- Finance Division (2002): *Bangladesh Economic Review 2002*, Ministry of Finance, Government of Bangladesh, Dhaka, June 2002.
- Ministry of Finance (2003): *Budget Speech 2003/04*, Government of Bangladesh, Dhaka, June 2003.
- Rahman and Hasan 2003, Atiur Rahman and M Zobair Hasan, "Synthesis of FGDs at sub-district level", In *Health in the Poverty Reduction Strategy: Bangladesh Perspective*, Development Organisation of the Rural Poor (DORP), Dhaka, December 2003.
- World Bank (2003): *World Development Report 2004*, The World Bank, Washington, D.C.

★ Presented on behalf of PHM Bangladesh Circle at PHM - WSF 2004, Mumbai



## **Ensuring Water Rights for All in The Ganga-Brahmaputra-Meghna Basin**

\* Eng. Muhammad Hilaluddin

7. Ensuring water rights for all in the Ganga-Brahmaputra-Meghna basin, the recommendations are noted as follows :

- a. There is a general confusion prevailing across the societies in Bangladesh, Nepal, and India. The social organizations, civil societies, common People and the water experts of these countries should have cross-border meetings regularly.
- b. Availability of water in rivers of these countries also remains as a confusing matter. Studies should be undertaken on the availability of water. Accounts should be kept of water consumption and availability.
- c. Evaluation should be done on effects of different projects on water management in these countries.
- d. Rivers are our natural heritage. All river projects should take precaution against changing the naturalness of these rivers. A river belongs equally to human and animals. Nobody should be allowed to tamper with or sell it. It can be used equally by human and animal.
- e. Rivers originating from the Himalayas bring with them water and soil during monsoon. The fertility of soil, which is an ongoing process with the flow of water, should not be tampered with. This process should be ensured.
- f. The government of India should immediately put a halt to the RLP and work both regionally and nationally on alternatives. Linking of rivers must not delink the relations of South Asia.
- g. There should be a review of all the existing bilateral water related treaties towards reaching a comprehensive regional treaty on water involving all riparian countries.
- h. Any water related activities in the region must aim at ensuring sustainable development, common social good, efficient water use, promotion of locally available community alternatives, with the full guarantee of peoples right to water. Water is a human right and a collective heritage. It cannot be sold, bottled, manipulated or exploited without the free, prior or informed consent of the people. Any intervention, which may damage this life sustaining resources, is not acceptable. 'Peoples Water Power' across the South Asian region will be the befitting reply to the unilateral moves with hidden agenda of profiteering at the cost of human civilisation.

---

\* Presented on behalf of PHM Bangladesh Circle at PHM - WSF 2004, Mumbai



# Why gas export is not a viable option for Bangladesh

Badrul Imam

*There is no point in contemplating gas export while you 1) presently have 11 TCF gas in hand, 2) hope to find another 8 TCF with 95 per cent confidence, 3) know that Bangladesh has no other significant energy source, 4) estimate that country needs 43 TCF of gas in the next 40 years or 62 TCF in the next 50 years and 5) know that the world is not going to bring out an alternative (solar or other) energy source to replace gas in the next 60 years.*

In an apparent U turn on the question of gas export, the BNP hierarchy is now trying to make its way clear for the pipeline supply of natural gas to India. Yet it was not so long ago that Khaleda Zia was speaking in the same tone as the then prime minister Sheikh Hasina on gas export. "We cannot become beggars by exporting our gas" she said.

Since her above rhetoric, neither the gas reserve of the country increased, nor the projected future domestic gas demand decreased. So why does she change her mind? Was it a political showpiece or was it a genuine gesture that somehow turned sour? Whatever it is, it looks like finance minister Mr. Saifur Rahman will have tough time in selling the idea of pipeline gas export to the people because a large mass of politicians, academicians, professionals and national experts strongly believe that exporting gas at the present stage will go against the national interest.

How dependent Bangladesh is on natural gas? The dependence is overwhelming and obvious as one can see that about 90 per cent of the electricity generated in the country comes from gas fired power plants. A comparative study shows (Oil and Gas Journal, 16 July, 2001) the share of natural gas among total commercial energy consumed annually in the following Asia Pacific countries: India 8 per cent, South Korea 9 per cent, Japan 13 per cent, Thailand 24 per cent, Indonesia 31 per cent, New Zealand 32 per cent, Pakistan 42 per cent, Malaysia 50 per cent and Bangladesh 70 per cent. Obviously Bangladesh is placed in a unique position, being the most dependent on gas.

Why consider 40 or 50 years gas demand?

At present Bangladesh produces about 1000 million cubic feet of gas per day and about 332 billion cubic feet of gas per year. This is what the country needs and uses mainly for generating electricity, producing fertilizer, feeding industrial, commercial and domestic sectors. In that sense there is no additional demand of gas at present. This is a point emphatically preached by the foreign oil companies working here, as they advocate the case of gas export. The foreign companies try to down play the fact that Bangladesh has to depend on its gas for a long time in future and there is at present not enough gas to sustain such dependence. Not surprisingly, the foreign companies are here to do business and to make profit and therefore would not bother to consider the future energy scenario of the country. But for Bangladesh, ensuring future supply of gas is of paramount importance. There are basically two reasons for this:



1) Except for natural gas, there is no other significant indigenous commercial energy source in the country. Oil prospect of the country is not bright and geological evidences suggested the generation of gas in the subsurface Bangladesh did not accompany generation of significant oil. This is because most petroleum sources are gas prone here. This was also pointed out in the recently submitted USGA-Petrobangla joint gas assessment report.

The coal resource exploitation in the country has a gloomy scenario. Most of the coal deposits in the country are not shallow enough to go for easy extraction. The Barapukuria coal mining project began in 1994 and was supposed to be completed in 2000. But with only half of the work done so far, it struggles to make a face saving completion which is unlikely to be economically profitable, but likely to run on government subsidy. Riddled with underground accidents and other difficulties, merit of coal mining in this country is in serious doubt. The scope of hydro electric power in the country is very limited and the prospect of nuclear power is almost nil.

2) The possibility of early availability of alternative energy like solar or wind energy is now down played by its innovators. Scientists previously forecast that solar energy would be widely available in the world in next 20 years from now. But they are now saying that the take off point for the solar energy or other renewable large scale energy source will not happen before 2060. Also the role of nuclear energy will continue to decrease worldwide because of its environmental negative side. In fact oil and gas together will remain the prime energy source throughout the world until 2040 after which gas will be the single most important fuel. Use of natural gas will peak in 2050 and after that time battle between gas and solar energy will begin for dominance. It is only after 2060 that the battle will swing in favour of solar energy.

Form the above it is logical for a country which has gas as the only significant resource, to make a conservative approach in its gas use and to look forward for sustaining the gas reserve for next 50 years. This may not be a perfect policy for oil rich Malaysia, Indonesia or coal rich India, but for Bangladesh it is certainly so. Energy experts opine that Bangladesh must ensure reserve to meet minimum 40 years' gas demand, if not 50, before contemplating to export its natural gas.

#### Gas demand -- past present and future:

Use of natural gas started in Bangladesh in 1960 with the commissioning of Chattak gas field. Since then use of natural gas steadily grew to the present level when 47 per cent of the produced gas is used for power plants, 35 per cent for fertilizer production and 18 per cent for industrial, commercial and domestic sector. The daily average production of gas increased from about 3 million cubic feet per day (mmcfd) in 1961, to 40 mmcfd in 1970, 125 mmcfd in 1980, 450 mmcfd in 1990 and 907 mmcfd in 2000. At present Bangladesh produces about 1000 mmcfd from 13 gas fields.

Until the end 2000, a cumulative of 3.9 TCF gas has been used. If we look into the decade wise share of above gas use, it appears that amount of gas used during 1960-1970 was 0.067 trillion cubic feet (TCF), during 1971-1980 it was 0.279 TCF (more than four times the



previous decade), during 1981-1990 it was 1.067 TCF (3.8 times the previous decade) and during 1991-2000 it was 2.49 TCF (2.3 times the previous decade). The present growth rate of use of natural gas is 7 per cent per annum.

A study of the future demand of natural gas in the next 50 years has been carried out by the government. The demand forecast is done on yearly basis from 2001 to 2050 taking care of individual sectors like power, fertilizer, commercial, industrial and domestic. A decade wise future gas demand is shown as follows: 4.4 TCF during 2001-2010, 8.8 TCF during 2011-2020 (twice the previous decade), 13.0 TCF during 2021-2030 (1.6 times the previous decade), 16.9 TCF during 2031-2040 (1.3 times the previous decades) and 19.3 TCF during 1941-1950 (1.2 times the previous decade). From the above 40 years' gas demand of the country is 43.1 TCF and 50 years' gas demand is 62.4 TCF.

From gas field to gas reserves:

Central to the subject of gas export is the question: do we have enough gas for export? Do we have or will we have 62 TCF gas available to meet 50 years' demand or 43 TCF gas for 40 years' for that matter? The 'floating on gas' theory which used to sneak through the media from time to time, has lately been silenced, thanks to the USGS-Petrobangla joint gas assessment report. Before coming back to this gas assessment report, let us point our attention to some of the gas fields in Bangladesh.

Bakhrabad gas field, discovered in 1969, was initially considered one of the largest in the country with a reserve of 2.78 TCF. In 1990 Canadian consultant IKM in a revised study concluded that the reserve of the field is 0.867 TCF, substantially lower than the previous estimate. Bakhrabad was put under production in 1984 but since 1995 the pressure drop in the field resulted continuous decrease in production rate and production decreased to 105 mmcf/d in 1997 and 45 mmcf/d in 1999. At present it is producing only 35 mmcf/d. Bakhrabad gas field will be exhausted in a few years from now.

Titus gas field, one of the largest in size and the biggest producer in the country, had initial reserve of 2.1 TCF, but more than 1.8 TCF or about 85 per cent of the reserve has already been produced from the field. How long the remaining 15 per cent gas will run is anybody's guess. Chattak gas field had 1.14 TCF gas according to the previous estimate, but recently a revised reserve estimate showed it to be 0.27 TCF. Chattak was put under production in 1960, but production decline led to its suspended in 1987. A reappraisal of the field has been suggested. Kamta and Feni gas fields, put under production in 1984 and 1992 respectively, were suspension from production in 1992 and 1998 due to water production instead of gas.

Out of 22 discovered gas fields, only a handful are large in size (reserve in excess of 1 TCF). There are 14 fields with individual reserve less than 0.5 TCF. These include Begumganj (0.01 TCF), Meghna (0.08 TCF), Semutang (0.098 TCF), Sylhet (0.10 TCF), Narsingdi (0.10 TCF), Saldanadi (0.12 TCF), Beanibazar (0.16 TCF), Kamta (0.17 TCF), Fenchuganj (0.21 TCF), Chattak (0.24 TCF), Shahbazpur (0.33 TCF), Moulvibazar (0.40 TCF), Feni (0.44 TCF), Kutubdia (0.46 TCF). These gas fields will be short lived. The country has a present gas



reserve of about 11 TCF.

It is not that large field will no more be discovered in Bangladesh, but the distribution of field size will certainly follow the already proven trends of the present fields. That means there will be more small discoveries than large discoveries. We need to remember that we are looking for 40 or 60 TCF of gas for our future need while most of the gas fields are less than 0.5 TCF each in size.

Coming back to USGS-Petrobangla joint gas assessment, what their report concluded really need serious consideration. As the report said, there is 95 per cent possibility of finding about 8 TCF of gas in future including offshore. That is not too much of gas and certainly will not support our domestic need for any considerable time in the future. A more optimistic 32 TCF reserve discovery has only 50 per cent chance, according to the above report. But one can not really contemplate formulating a gas export policy on the basis of 50 per cent chance of finding 32 TCF gas reserve. So these should place the government in the backstage so far gas export is concerned.

Put it in other words, there is no point in contemplating gas export while you 1) presently have 11 TCF gas in hand, 2) hope to find another 8 TCF with 95 per cent confidence, 3) know that Bangladesh has no other significant energy source, 4) estimate that country needs 43 TCF of gas in the next 40 years or 62 TCF in the next 50 years and 5) know that the world is not going to bring out an alternative (solar or other) energy source to replace gas in the next 60 years.

It therefore brings up several questions. Why can't the government realize that it will make the nation vulnerable to a disastrous future energy crisis if it starts gas export with this modest reserve in hand? Should the government want to judge the viability of an export option, why can't it wait more for the reserve scenario to change substantially, if it does, in favour of Bangladesh? Why can't the government tell the foreign companies that the interest of the nation is more than the interest of the companies? Why can't the government ask the foreign companies to go and find more reserve before they propose an export option? And finally, why is the government in such a hurry to make a point on gas export? Or has it already made the point?

*Dr. Badrul Imam, Professor, Dhaka University, is presently Visiting Faculty member, King Fahd University of Petroleum and Minerals, Saudi Arabia.*



# Globalization, Migration and Trafficking in Women and Children: South Asia Perspective

Prof. Ishrat Shamim

The last quarter of the twentieth century constituted "an era of migration" and demonstrated that no continent is beyond the reach of global migration streams (Castles and Miller, 1996). The annual flow of migrants is now somewhere between 5 to 10 million people, including undocumented migrants. Almost half of the estimated 175 million migrant worldwide are currently women. (IOM, 2003). According to estimates published by the US Justice Department in 1998, between 700,000 and 2 million women and children were estimated to be trafficking victims (IOM, 2001). The feminization of migration is not a positive development in all instances. While, as with men, women often choose to migrate because of poverty and the lack of professional prospects, women migrants are more exposed to forced labour and sexual exploitation than men and are also more likely to accept precarious working conditions and poorly paid work (IOM, 2003). The female labour force are usually docile, vulnerable and easily exploitable. Women often had to accept a double burden: family provider as well as income earner.

But most migration-related policies and regulations have not adjusted to this – at either the country of origin or country of destination end of the migration spectrum. Policies are frequently non-existent or neglect the gendered nature of migration, with unforeseen consequences for women. Many female migrants are more vulnerable to human rights abuses since they work in gender-segregated and unregulated sectors of the economy, such as domestic work, entertainment, and the sex industry, unprotected by labour legislation or policy.

At the turn of this century, millions of human beings are trafficked throughout the world. The growing phenomenon is due to several factors. They include, but are not limited to the globalization of international economies, an increase of international organized crime syndicates with transnational and trans-criminal links, rising unemployment for women in undeveloped countries, an increased demand for services in developed countries, exposure to the Internet, racism, poverty, war and a need to survive. Human beings are trafficked, moved, used and reused for a variety of different reasons - migrant workers, domestic slaves, sex slaves, indentured servants, prostitution, sweatshop workers, garment factory workers, begging slaves, and even mail-order brides, who are sometimes exploited by their own husbands.

The highly complex nature of human trafficking episode affects various different actors in the trafficking chain: trafficked persons, their families and community, and on the other hand the third parties who recruit, transport and use trafficked labor. It is rather difficult to measure the magnitude of the problem because of its illegal and clandestine nature. Moreover, the mechanisms, routes and modus operandi of traffickers change rapidly according to the economic conditions pertaining to supply and demand.

The defining variable of trafficking in persons is the violation of the migrant's human rights. Trafficking affects mainly but not exclusively women and children. They are most



frequently trafficked for sexual abuse or/and labor exploitation, though they sometimes end up falling into begging, delinquency, adoptions, false marriage or trade of human organs. Victims of trafficking are exposed to physical and psychological violence and abuse, denied labor rights, are illegal before the law and are often found in a forced and unwanted relationship of dependency with their traffickers (IOM, 2003). Radhika Coomaraswamy has rightly pointed out, "traffickers fish in the stream of migration" and can easily identify those who are most easily deceived or coerced (Coomaraswamy, 2001. Cited in Asian Development Bank, 2003).

The new markets tools and rules of this global era have failed to alleviate the poverty of most of South Asia's women. Globalization has moved us towards a free and worldwide economy. Simultaneously, with the unprecedented wealth and progress in the developed world and the elite sectors of developing countries, the economic opportunities available to the majority of South Asian women are extremely limited. The average earned income share of women in South Asia is 24.7 per cent, far below the developing country average of 32.4 per cent (UNDP, 1999). It has caused a rapid growth of the informal labor sector such as street vending and of unregulated work in factories, particularly in the garment industry in Bangladesh. Female workers have become more vulnerable and subject to abusive working conditions, because these marginalized and unregulated areas of work are not visible, and thus not subject to labour laws and regulation. Moreover, recent trends in globalization have broken down the traditional family structure for many rural households. Each member of the family has become 'a separate and independent unit of labour' to be plugged into the modern labour market.

Moreover, the wide diversity of labor and population profiles in the region encourages migration, either legal or illegal. Such migration is in response to the dynamics of supply and demand. Usually women from poorer countries like Bangladesh and Nepal are thus most at risk for exploitation and trafficking to neighbouring countries in India and Pakistan. It is reported that young girls and women are being trafficked across well-beaten paths within South Asia and further beyond. From just two routes - Nepal to India and Bangladesh to Pakistan involve an estimated 9,000 girls and women are trafficked in a year (Giri, 1999). They are most often trafficked from countries or regions suffering from poor economies and environmental stress, which force families into urban areas and generate the feminization of poverty. More than one million children, the majority of whom are female, are forced into prostitution every year. In the wake of the HIV/AIDS epidemic, younger children are being sought in the belief they are less likely to be infected (Bunch, 1997).

Problem of unemployment, under employment and abject poverty has led to the growing international trafficking and labor migration of women and children in recent years. The underlying causes range from the expansion of global market forces and a growing materialism perpetuated by the media, to rapid social transformation and the erosion of social values. These factors, together with the help of unscrupulous pimps, procurers, brothel owners, traffickers, agents, trap young girls and women into sexual exploitation. Too often, there might be information about a trafficker but cannot be traced as the crime is committed in one country, whereas the women who were trafficked are in vulnerable situation in another country, but unfortunately the laws do not permit extraterritorial prosecutions (Shamim and Kabir, 1998). Moreover, absence



of effective legislation, poor law enforcement combined with corruption is important factors that further accelerate trafficking in women and young girls.

Trafficked women are vulnerable to arrest, detention and deportation because destination countries are unwilling to recognize them as victims of crimes. Destination countries view trafficked women as undocumented migrants who entered illegally and/or worked illegally. As such, women are particularly subject to arrest, detention and deportation if they were trafficked into the sex industry. They often do not have the chance to lodge complaints, seek damages, assessment whether it is safe to return home, collect their belongings or apply for asylum. Many laws and police officials and practices fail to distinguish between prostitutes and victims of forced trafficking, treating the latter as criminals rather than those who deserve temporary care (Shamim, 2002).

Women and child trafficking is now considered a serious crime by the governments of the South Asian region. In January 2002, representatives of the seven member states of SAARC expressed their commitment to combat trafficking in women and children at the Ninth SAARC Summit at Male, Maldives. The Convention on Preventing and Combating Trafficking in Women and Children for Prostitution was signed – which is the first sub-regional treaty addressing trafficking in women and children. The convention includes specifications of criminal offenses for trafficking, provides for mutual legal assistance in conducting investigations, trials and other proceedings. With regard to prevention and interception of trafficking, the convention requires state parties to sensitize the law enforcement agencies and judiciaries about trafficking and to exchange information on a regular basis.

### **Policy Strategies for the State and State Agencies**

- Prioritizing trafficking of vulnerable women, young girls and children as a major human rights violation.
- Complying with the obligations under international treaties to guarantee the fundamental human rights of women and girls, particularly under the CEDAW and the CRC.
- Ensuring proper implementation of the laws, as well as amending or adopting national legislation in accordance with international standards.
- Adopting bilateral agreements between 'sending' and 'receiving' countries to ensure that victims are repatriated. Foreign missions abroad both in the sending and receiving countries in South Asia should also be involved in such efforts.
- Developing national plans of action to combat trafficking and the process should be used too build links and partnership between relevant government department and agencies involved with the issue of trafficking.
- Developing guidelines and procedures for relevant State agencies and officials such as police, border forces and immigration officials involved in the detection and accurate identification of trafficked women and children.



- Monitoring and evaluating the impact of anti-trafficking laws, policies and interventions to be able to make distinctions between measures that have been successful and those that have not.
- Addressing the corruption such as bribery, threats of violence and vested interests in the profits of trafficking at the local level.

### Law Enforcement Agencies

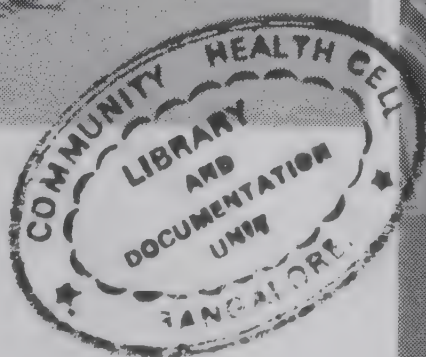
- Sensitizing law enforcement authorities and officials by providing adequate training in the investigation and prosecution of cases of trafficking. It should be sensitive to the needs of trafficked women and children.
- Establishing special anti-trafficking units comprising of both women and men from law enforcing authorities to work in partnership with NGOs so that trafficked women and children receive the necessary support and assistance.
- Strengthening the capacity of law enforcement agencies to arrest and prosecute those involved in trafficking as a preventive measure.

### Support to NGOs

- Offering technical and financial assistance to NGOs and local communities for the purpose of developing and implementing anti-trafficking strategies.
- Facilitating cooperation between NGOs and other civil society organizations in countries of origin, transit and destination. This is particularly important to ensure support and assistance to trafficked women and children who are repatriated.
- Supporting NGOs in rescuing, recovering and rehabilitating victims of trafficking.

---

*Presented for PHM Bangladesh Circle by Prof. Ishrat Shamim, President, Centre for Women and Children Studies during IHF Program and WSF at Mumbai, India. January 2004.*

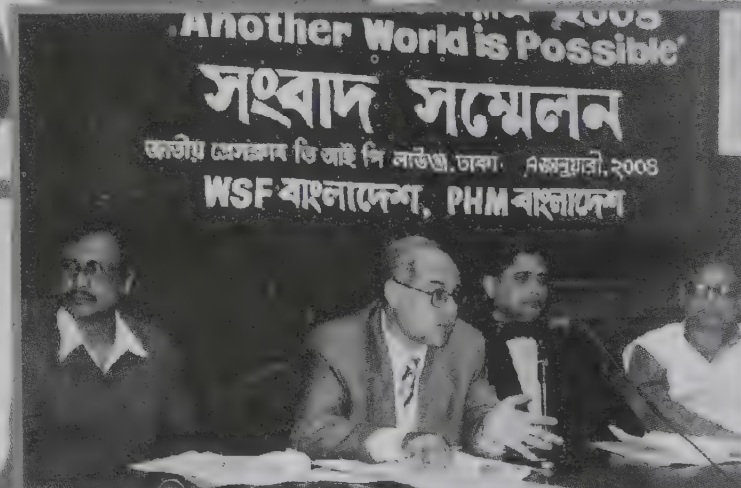
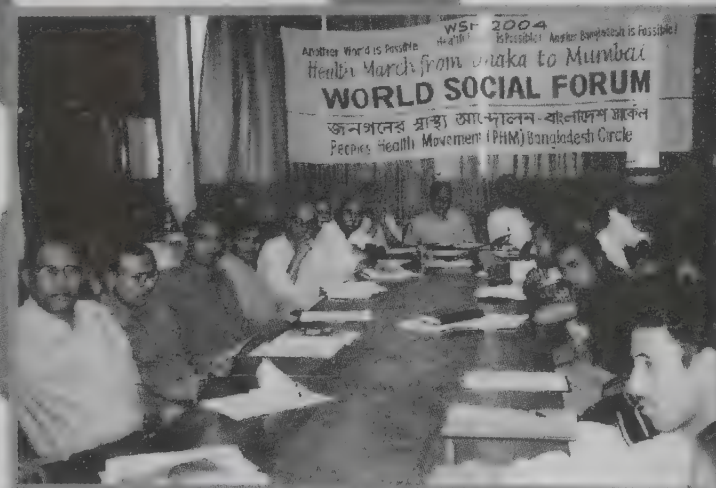
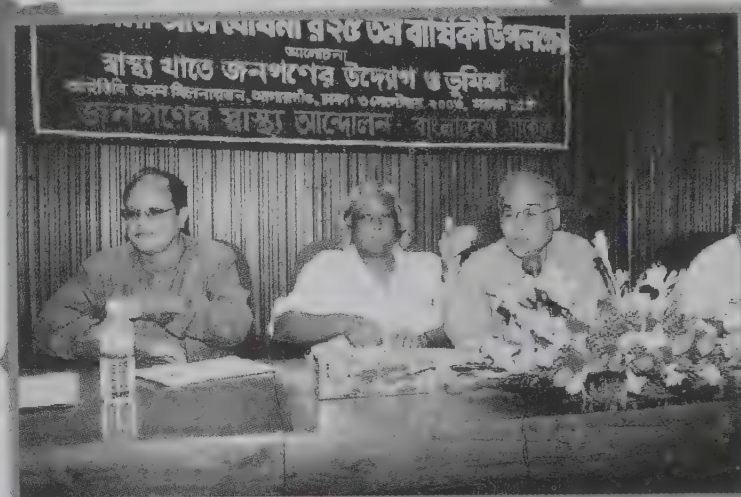
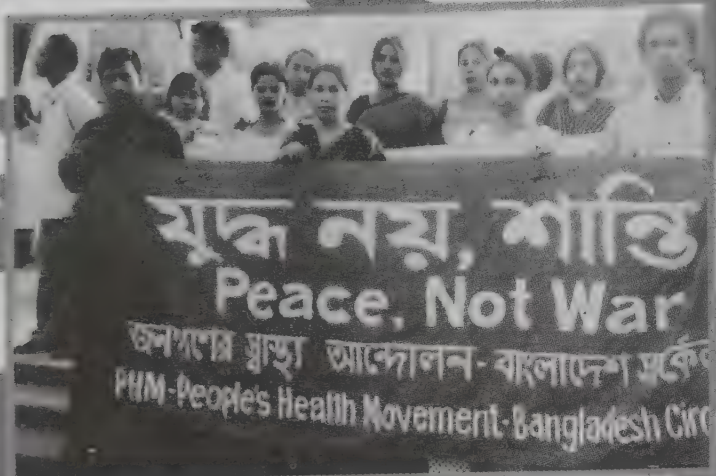


HEM-100  
USDA P-4





# PHM Activities





DHAKA MONDAY JANUARY 5, 2004

## Dhaka team to attend WSF forum in Bombay

Staff Correspondent

The 'Bangladeshi delegation to third World Social Forum in protest of river-linking project of international rivers by India would hold rallies, seminars and organise signature campaign.

The third World Social Forum (WSF) will be held at Indian business hub Bombay during January 16-21.

Nearly one thousand participants is expected to attend the WSF from different professions, the organisers on behalf of WSF Bangladesh and People's Health Movement (PHM) Bangladesh Circle told journalists at a Press conference on Sunday at Liberation War Museum.

The organisers have planned to organise a march to Mumbai from Dhaka by bus and train.

The Bangladesh delegation will raise the of impact of globalisation on different sectors. The two forums would jointly organise series of workshops and seminars on issue of globalisation and agriculture, informal sectors, and women.

Others who spoke at the press conference were Abdul Hossain, Khushi Kabir, Nurul Anwar, AHM Nouman, Abul Hasib Khan, Imamuddin, Nasimul Ahsan Dipu and Dr Laila Parveen Banu.

### প্রথম পাতা

সোমবার ৫ জানুয়ারি ২০০৪

বিশ্ব সামাজিক ফোরাম ২০০৪

## মুম্বাইয়ে বিশ্বায়নবিরোধী সমাবেশে যাচ্ছে এ দেশের ৫ শতাধিক মানুষ

বিশ্ব প্রতিবেদক

কলকাতা ৫ জানুয়ারি: বিশ্বায়ন বিরোধী আন্দোলনের অন্যতম কেন্দ্রবিন্দু হিসেবে পরিচিতি পেয়েছে মুম্বাইয়ে অনুষ্ঠিত হবে বিশ্ব সামাজিক ফোরাম ২০০৪। এতে বিশ্বের ১০০টির বেশি দেশের ৫০০০-এর বেশি মানুষ অংশগ্রহণ করবেন।

এই ফোরামে বিশ্বায়নের বিরুদ্ধে আন্দোলন করার পাশাপাশি বিশ্বায়নের প্রভাব নিয়েও আলোচনা করা হবে। ফোরামের আয়োজকরা জানিয়েছেন, বিশ্বায়নের প্রভাব নিয়ে আলোচনা করা হবে এবং বিশ্বায়নের বিরুদ্ধে আন্দোলন করার পাশাপাশি বিশ্বায়নের প্রভাব নিয়েও আলোচনা করা হবে।

### সুপ্রসঙ্গ

সোমবার ৫ জানুয়ারি ২০০৪

## ওয়ার্ল্ড সোশ্যাল ফোরামের সম্মেলন ১৬ জানুয়ারি

বিশ্ব সামাজিক ফোরাম ২০০৪ (WSF) ১৬ জানুয়ারি থেকে ২১ জানুয়ারি পর্যন্ত মুম্বাইয়ে অনুষ্ঠিত হবে। এতে বিশ্বের ১০০টির বেশি দেশের ৫০০০-এর বেশি মানুষ অংশগ্রহণ করবেন।

### The Daily Star

DHAKA MONDAY JANUARY 5, 2004

## World Social Forum begins Jan 16

UNB/Staff

A delegation from Bangladesh will take part in the third World Social Forum (WSF) to be held in Mumbai, India from January 16 to 21.

More than 500 Bangladeshis NGO workers, trade unionists and health campaigners, half of them women, will leave Dhaka for Mumbai on January 16 for the forum. It was announced at a press briefing in the city on Sunday.

The PHM will also hold seminars on India's river linking project and its adverse impact on Bangladesh and South Asian region as a whole, women and child trafficking, migration and workers' rights, health care and other human issues of Bangladesh and PHM and health.

Published by - PHM Bangladesh Secretariat  
Supported by - Action Aid Bangladesh  
Thanks to PHM Global Secretariat for their support, initiatives and all the arrangement



**PHM -WSF Events**  
**Tentative Itinerary**  
04 -23 January 2004

Date	Time	Program/ Activities	Venue/Place	Remarks
04 Jan	12.00-2 P.M	Press Briefing	Muktajodha Jadughar, Segunbagicha, Dhaka	Selected members will participate
07 Jan	11.00 A.M.	Press Conference	Jatio Press Club, Topkhana Rd, Dhaka	Leaders, organizers and selected members
09 Jan	11.00 A.M.	Rally ( Joint Program with WSF Bangladesh)	Muktagan, Dhaka	All members requested to attend
09 Jan	5.00 P.M.-8.00 P.M.	Arrival of participants for Orientation Meeting to be held on 10 Jan	PHA Bhaban, GK, Savar, Dhaka. (night Stay)	Participants attending IHF/WSF Mumbai
10 Jan	9.00 A.M.	Registration	PHA Bhaban, GK, Savar	All 200 delegates will attend
10 Jan	9.30-12.30 a.m.	Orientation on PHM/ WSF,	PHA Bhaban, GK, Savar, Dhaka	All members must remain present
10 Jan	12.30-1.30 P.M.	Lunch	PHA Bhaban, Savar	Informal discussions
	1.30-2.30 PM	Program at Mumbai (14-20 Jan)	Same	All members should be present
	2.30-4.30 P.M..	Journey, group formation and admonishes .	Same venue	Group formation, selection of group leaders, and Finalization of documents
	4.30-5.00 P.M..	Question and answers	Same venue	Corrections & adoptions
	5.00.P.M.	Closing		
10 Jan	10 P.M.	Start for Benapole by Bus	PHA Bhaban, GK, Savar Dhaka	All members assembled at PHA Bhaban, GK, Savar
11 Jan	8.00 A.M.	Reaching Benapole border	Refreshments at Benapole border at Parjatan Guest House	All members will be provided breakfast
11 Jan	8.30- 9.30 A.M	Immigration and Customs	Border crossing	PHM Jessore group will take care
11 Jan	9.30-10 A.M.	Seat in the Indian Buses	Start for Kolkata	Reaching Kolkata by 1.00 P.M.
	2.00-3.00 P.M.	Lunch and Refreshments (arranged by PHM Secretariat)	Youth Stadium Salt Lake, Kolkata	Fresh-up and dress-up, Necessary instructions, purchase of cloths, towels, bedcover, pillows, etc
	3.00-5.00 P.M.	Rest, and small shopping	Around Salt Lake and stadium	Must return in time (Group leaders responsible)
	6.00-7.00 P.M.	Dinner ( arranged by PHM Secretariat)	At the venue	Group leaders coordinate
	7.00-8.00 P.M.	Checking train tickets, passports and luggage	Group leaders okayed	Start for Hawrah Railway station by Bus
	9.30-11.00 P.M.	Checking, identify Seating/sleeping arrangements	<b>Train: Janeswari Express:</b> Compartment wise list and markings	Rules and Instructions during journey to be followed
11 Jan	11.30.P.M.	Departure fro Hawrah	Train: Janeswari Express	
12 Jan		In Train	32 hours journey	Food and refreshments by individuals during train journey



13 Jan	8 A.M.	Reaching Mumbai	Mumbai Lokmania Tilak Station (KURLA).	PHM representative from Mumbai . Mr.Anirban will be present with Bus to fetch all
13. Jan	10 A.M.	Reaching accommodation place	Western Railway Dormitory(4), Byculla, Central Mumbai	Separate arrangements for male and female
14 Jan	8.30 A.M. 5.50 P.M	<b>IHF Program</b> (International Health Forum)	<b>YMCA International</b> 14, YMCA Road, Central Mumbai Ph.: 23070601, 23091262	07 Workshops every day. Members will be divided in 07 groups according to their choice and interest
15 Jan	8.30 A.M. - 5.30 P.M.	IHF Program	YMCA International 14, YMCA Road, Central Mumbai	07 Workshops will be organized everyday. . Participants will be request to be present during Bangladesh presentation
16 Jan		<b>Opening session of WSF</b>	<b>The NESCO Ground</b>	<b>All groups will attend opening session</b>
17 Jan	8.30 to 5.30	400 seminars will take place at different venue	PHM Bangladesh: Workshop on "Gas and Natural resource : Corporate powers and Challenges": Bangladesh perspectives: presented by Dr. Badrul Imam, Dhaka University	All Bangladeshi Participants are preffered to remain present during Bangladesh presentation. Venue/Room No will be announced on the spot
18 Jan	8.30-5.30 P.M.	400 Seminars will be held	PHM Bangladesh: 'Migration, Trafficking and Labour Rights' : Presented by Dr. Ishrat Shamim, Dhaka University	Concerned interested participants preferred to attend PHM Bangladesh presentations
19 Jan	8.30-5.30 P.M.	400 Seminars will be held		Participants requested to attend Bangladesh presentations
20 Jan	8.30-5.30 P.M.	400 Seminars will be held	Privatization of Healthcare and social challenges by Dr. Qasem Chowdhury, GK	Participants requested to attend PHM Bangladesh presentations
20 Jan		400 seminars will be held	PRSP and Health	Interested participants may join
20 Jan	3.30 P.M.	Declaration of WSF		
	<b>4.00 P.M.</b>	<b>Closing of WSF</b>		
20 Jan	7.00 P.M.	Dinner		
	8.00 P.M.	Leaving Mumbai for Railway station	Transportation by Bus to Railway Station arranged by Anirban	Checking of arrangements Sleeper/ seats etc
20 Jan	10.P.M.	<b>Departure by Janeswari Express for Kolkata</b>	<b>32 hours journey</b>	<b>Refreshments and food by individuals</b>
21 Jan		<b>In Train</b>		
22 Jan	6.00 A.M.	Reaching Hawrah Station at Kolkata	By Bus to Youth Stadium	Stay day and night on 22 January at Kolkata
23 Jan	9.00 A.M.	Start for Dhaka by Bus		
23 Jan	2 .00 P.M.	Reaching Border at Benapole		
	2.00-300 P.M.	Customs and mmigrations at Benapole border		
	3.00 P.M.	Start for Dhaka		
23 Jan	8.00 P.M.	Reaching Dhaka		
		<b>End</b>		
		<b>Closing of Health March</b>		



**List of PHM-WSF Participants**  
**Mumbai, India, 14-20 January 2004**

ID NO	NAME	SEX	ORGANIZATION	ADDRESS
01	A H M NOUMAN	Male	DORP	152/2-i, Green Road, Pantha Path, North Dhanmondi, Dhaka-1205
02	FAKHRUL FERDOUS	Male	DCI	H-557, R-9, Baitul Aman Housing, Adabar, Dhaka
03	MD SHAFI UDDIN	Male	GKT	19-20, Adorsha Chayaneer Housing Society, Ring Road, Shyamoli, Dhaka-1207
07	GABUN NASSA MAHMUD	Female	DHAW	Zilla Sadar Road, Akurtakurpara, Tangail-1900
08	S.M. SHAFIQU ALAM SIDDIQUE	Male	EDF	Anowar Complex (1st Floor), Mymensingh Road, Tangail-1900
09	A F M IMAM UDDIN	Male	PHM	5/11, Block-D, Lalmatia, Dhaka-1207
10	DR. MAHBUBUR RAHMAN	Male	TAUC	Rahmania Medical Hall, Sadar Road, Alexander, Ramgati, Laxmipur
11	BAHAR ZAN AKTHER	Female	Mahila Sheba Sanga	Vill-Baghia, P.O.-Nili Nagar, P.S.-Gazipur Sadar, Gazipur
12	AHAMED ZAKARIYA SARKER	Male	ACCORD	Manno Nagar, Tongi, Gazipur
13	MD. GOJNABI MIAH	Male	SUS	Ashekpur, Main Road, Tangail
14	AMAL KANTI BHATTACHARJEE	Male	SUS	Ashekpur, Main Road, Tangail
15	MD ALI AZAM	Male	Sheva Nari O Shishu Kallyan	26, East Tejuri Bazar, Tejgaon, Dhaka-1215
16	LAILA PARVEEN BANU	Female	Gono Biswabidyalay, SAVAR	F.801, Eastern Villa, 6, Segunbagicha, Dhaka-1000
17	ABDUL ZABBAR HOWLADER	Male	HDSS	House#26(3B), Dhaka Housing, North Adabar, Dhaka-1207
18	ANJELIKA PALLABI SARKER	Female	HEED Bangladesh	19, Main Road, Block-A, Section-11, Mirpur, Dhaka-1216
19	RAHANA AKTHER	Female	HEED Bangladesh	19, Main Road, Block-A, Section-11, Mirpur, Dhaka-1216
20	MD NURUZZAMAN	Male	SOL	House#2(3rd Floor), Road#4, Block#A, Section#6, Mirpur, Dhaka-1216
21	ANAMUL HAQUE BHUIYAN	Male	RDA	33, Siddeshwari Lane, 2nd Floor, Ramna, Dhaka-1217
22	SHAH TAMAL HASAN	Male	Prottasha Polli Unnayan Shong	Post-Pangsha, P.S.-Pangsha, Dist.-Rajbari
23				
24	ANWAR HOSSAIN	Male	SBS	Swarnagara, Pngsha, Rajbari
25	RAFIQUL ISLAM	Male	SBS	Swarnagara, Pngsha, Rajbari
26	MAHBUBUL ALAM	Male	PSS	Spondan, B/135-136, Bazar Road, Savar, Dhaka-0340
27	SHORMIN ISLAM DAIZY	Female	Rehabilitation Centre for Soci	H-34/5 (1st Floor), R-11, Sargent goli, Kallyanpur, Mirpur, Dhaka
30	SHELINA FATEMA BINTE SHAHID	Female	Mental Health Network	Room-5017, Arts building, 4th floor, Clinical Psychology Department, Dhaka University
31	TAMIMA TANJIN	Female	Mental Health Network	Room-5017, Arts building, 4th floor, Clinical Psychology Department, Dhaka University
32	MD. ABDUL QUADER	Male	SETU	T & T Colony Road, Courtpara, Kushtia-7000
33	AJMAL HOSSAIN	Male	ANKUR	Durgapur, Kumarkhali, Kushtia
34	MOHAMMAD MOSTOFA	Male	Mahamuda Chowdhury Colle	Mirpur, Kushtia
35	SHAHIDA BEGUM	Female	Alor Disha Mohila Sangstha	Jouarder Sarak, Thana para, Kushtia
36	SR. LORETTI OSL	Female	RRC	RRC Bhaban, C&B Road, Karbal, Jessore.
37	RASHIA DAS	Female	RRC	RRC Bhaban, C&B Road, Karbal, Jessore.
38	MD NURUL ISLAM	Male	JKS	Dowlathdiar, Meherpur Road, Chuadanga-7200
39	MD.ABDUR RAHMAN	Male		Moheshpur Bazar, Moheshpur.
40	MD. ABDUL HANNAN	Male	USKS	Rail Station Road, Kotchandpur, Jhenidah.
41	KAZI MONIRUZZAMAN LABLU	Male	Mukto Kallyan Shongstha	Up.-Jibonnogor, Dist. Chuadanga-7200
42	DILIP KUMAR PODDAR	Male	SRIJONY BANGLADESH	64, Kabi Golam Mostofa Road, Jhenidah-7300.
44	MD MOSHARROF HOSSAIN	Male	PSKS	P.O.-Gangni, Upazila-Gangni, Dist.-Meherpur-7110
45	MD ABU ZAFOR	Male	Shandhani Shangstha	Vill. & P.O.-Karamdi, P.S.-Gangni, Dist.-Meherpur
46	MD ABU ZAFOR	Male	Daridra Bimochon Shangstha	Dist.-Meherpur,
47	SOHAIL AHMED RANA	Male	BAT Trade Union	Kumargara, Kushtia
51	SYED MOFAZZEL HOSSAIN	Male	MSUS	Moajjem Monjil, Govt. Girl School Road, Patuakhali
52	MD. SAIFUL ISLAM	Male	SAVS	Madrasha Road, Dewangonj, Jamalpur
54	NOOR AFROZE	Female	SUKHI MANUSH	10/1, Dharma Shava Road, Khuina.
55	FARHANAT-UL-ALAM	Female	Naripokkho	170, Green Road, Dhaka-1205
56	ZAKIA BEGUM	Female	Naripokkho	170, Green Road, Dhaka-1205
58	ROKEYA CHOWDHURY	Female	Naripokkho Network Project	170, Green Road, Dhaka-1205
59	MAHBOOBA BEGUM	Female	Hardcore People Developme	Khayanpur, Joypurhat
60	SHARIFA KHATUN	Female	Welfare Efforts	111, Shere-E-Bangla Road, Jhenaidaha
61	TAHERA KHANAM	Female	Sree Mangal Foundation	Shahjee Bazar, Hobigonj Road, Moulabhi Bazar
62	ROKEYA BULY	Female	Palli Shusthya Unnoyan Sang	Vill.-Ramnagar, Sariakandi, Bogra
63	TAZNIHAR BEGUM	Female	Uttaran Mahila Sangstha	Court para, Kushtia
64	NUSRAT SHARMIN	Female	Naipokkho	170, Green Road, Dhaka-1205
65	Dr A T M SHAFIQU ALAM	Male	PHM Rajshahi	F.801, Eastern Villa, 6, Segunbagicha, Dhaka-1000
67	MS MONJUSREE SAHA	Female	RDRS Bangladesh	Dhaka Office:House 43, Road 10, Sector 6, Uttara, Dhaka-1230
68	MR. KHANDKER MOHAMAD ALI S	Male	RDRS Bangladesh	Dhaka Office:House 43, Road 10, Sector 6, Uttara, Dhaka-1231
69	MD, AKHTER UZZAMAN		RDRS, Bangladesh	Dhaka Office:House 43, Road 10, Sector 6, Uttara, Dhaka-1232
70	MOST MAZBAHUN NAHAR	Female	RDRS, Bangladesh	Dhaka Office:House 43, Road 10, Sector 6, Uttara, Dhaka-1233
71	MR. KHONDKER MD. RASHEDUL	Female	RDRS, Bangladesh	Dhaka Office:House 43, Road 10, Sector 6, Uttara, Dhaka-1234
72	MS. SURAIYA AKTHER	Female	RDRS, Bangladesh	Dhaka Office:House 43, Road 10, Sector 6, Uttara, Dhaka-1235
73	SYED MOSTAK HOSSAIN	Male	Polly Unnayan Sangstha	Mozzam Mongil, Govt. Girls High School Road, Patuakhali
74	MD SHAFIQU RAHMAN	Male	SANGJOG	4/J, Aziz Co-operative Housing, Shabag, Dhaka-1000
75	MD ABDUL MANNAN	Male	SSUK	Shelidah, Kushtia-7000
76	MD RAFIQUL ISLAM	Male	SEBA SONGSTHA	20/A, Lake Circus, Kalabagan, Dhanmondi, Dhaka-1205
77	MD QUAMRUZZAMAN JONI	Male	GK	
78	CHANDRIKA BANERJEE	Female	PSUS	Nakhipur, Sham Nagar, Satkhira.
79	ABDUL MANNAN	Male	PRADIP	106/8, Monipuri Para, Tejgaon, Dhaka-1215.
80	A K M JAHANGIR ALAM MAJUMD	Male	Sund Sangha	6/i, Aziz Co-op-Housing (8th Floor), Shahabagh Avenue, Dhaka-1000
81	KHANDKI R REBAKA SUN YAT	Female	BWHC	10/2, Iqbal Road, Muhammadpur, Dhaka



82	BARNALI DAS	Female	Gono Biswabidyalay	355/1, Ahamad Nagar, Pickpara, Mirpur-1, Dhaka-1210
83	A.S.M. FAISAL BIN SADIQUE	Male	Gono Biswabidyalay	52/11, Neela Mansion, RCRC Street (By lane), New court para, KUShtia
84	WARDA SHAFIQ	Female	NSU	F.801, Eastern Villa, 6, Segunbagicha, Dhaka-1000
85	MALIK NAFISA NUSHRAT	Female	Gono Bishwabidyalay	12/1/10, (1st Floor), Road No.-2, Sheymoli, Dhaka-1207
86	TANIA	Female	Gono Bishwabidyalay	Vill.-Baghia, Post.-Nilnagar, Gazipur
87	BABUL KUMAR ADHIKARY	Male	DORP	152/2-i, Green Road, Pantha Path, North Dhanmondi, Dhaka-1205
88	MD. NURUL ISLAM	Male	DORP	152/2-i, Green Road, Pantha Path, North Dhanmondi, Dhaka-1205
89	MOHAMMED SAYEDUZZAMAN	Male	ASED	116, Central Bashabo, Dhaka-1214
90	SUBARNA MOSTAFA	Female	Gono Bishwabidyalay	House No.-24 (2nd Floor), Road-3, Sheikhertek, Mohammadpur, Dhaka
91	JOHN J SARDER	Male	BSF/ NOTREDEM COLLEGE	Notredem College, Motizheel, Dhaka
92	MD. MOTIUR RAHMAN	Male	SAD Bangladesh	Kamalpur (Amlapara), Bhairab-2350, Kishoregonj
93	MRS. ILA DOMINICA BOSU	Female	RRC	RRC Bhaban, C&B Road, Karbal, Jessore.
94	FARHAD BIN SALAM	Male	TAS	Doarpar, Magura
95	WAHIDA SHARMIN	Female	Naripokkho	170, Green Road, Dhaka-1205
96	FERDOUSY BEGUM	Female		Bus Stand Rd, Bhola Sadar, Bhola.
97	ZAHIRUL ISLAM	Male		
98	SYED TARIKUL ISLAM	Male	ACLAB	8/13, Block-C, Tajmohal Road, Mohammadpur, Dhaka-1207
99	D.M. ABDUL BARI	Male	ABUS	A/21, Cornation Para, Post.+Dist.-Naogaon
100	MD. MOHABUBUL HAQUE	Male	VIDA	9/4-C, Ring Road (1st Floor), Shamoli, Dhaka-1207
101	KAZI MOHIFUL ISLAM ( HIRA)	Male	AVO	T.B. Clinic Road, Bejpara, Jessore-7400.
102	JAHANARA BEGUM	Female	GK	Mirzanagar, Savar
103	KHANDOKER ASRAFUL ISLAM	Male	BASTOB	4/8, Humayun Road, Block-B, Mohammadpur, Dhaka-1207
104	MD. JAMAL HOSSAIN	Male	BASTOB	4/8, Humayun Road, Block-B, Mohammadpur, Dhaka-1207
105	ADV. AKM ABUL KASHEM	Male	BLAO	4, Chandi Chaaran Bose St. Wari, Dhaka
106	ADV. ASRAF MANDAL	Male	Law and Rights Organisation	Dhaka-1100
107	ELENA RAHI ERA	Female	RRF	40/42, Taherbagh, Bawabpur Road, Dhaka-1100
108	MD. MAKSUDUR RAHAMAN SHIK	Male		Lurel Lake Wood, Flat no-2, HouseNo-3(new), Road-10(new) Dhanmondi R/A. Dhaka.
109	SELIM SAMAD	Male	Bangladesh Observer	Toyenbee Circular Road, Dhaka 1000
110	MHUIMA SHING	Female	Gono Shasthaya Kendra	P.O.- Mirjanagar, Dhaka-1344
111	DR. SYED ANWARUL HAFIZ	Male	GK	Flat-10, ASRA Apts. House No.23, Road No-4. Dhanmondi R/A. Dhaka-1205.
112	ROKEYA PARVEEN	Female	Gono shasthaya Kendra	Gono Shasthaya Kendra, Savar, Dhaka
113	SAIFUL ISLAM	Male	Gono shasthaya Kendra	Mirzanagar, via-Saaavar Cantonment, Savar, Dhaka-1344
114	SYEDA MAMATAZ BEGUM	Female	Gono shasthaya Kendra	Mirzanagar, via-Saaavar Cantonment, Savar, Dhaka-1344
115	RANI SHINGA	Female	Gono shasthaya Kendra	Mirzanagar, via-Saaavar Cantonment, Savar, Dhaka-1344
116	LUTFUNNESSA KHAN	Female	Gono shasthaya Kendra	Savar, Dhaka
117	ANWARA BEGUM LUCKY	Female	Gono shasthaya Kendra	Mirzanagar, via-Saaavar Cantonment, Savar, Dhaka-1344
118	KHOHENOOR AKTER	Female	Gono shasthaya Kendra	Mirzanagar, via-Saaavar Cantonment, Savar, Dhaka-1344
119	MANJUR KADIR AHMED	Male	Gono shasthaya Kendra	Mirzanagar, via-Saaavar Cantonment, Savar, Dhaka-1344
120	HASIB ABDULLAH	Male	CHESTA	Kotchandpur, Jhenidah
121	DR. ABDULLAH AL MAHMUD	Male	Bangladesh Samaj Progati P	17, DIT Road, Rampura, Dhaka
122	MD. ABDUL QUDDUS SARKER	Male	BBSUS	Vill.-Badulasker, Post.-Annadanagar, Uopzila-Pirgacha, Dist.-Rangpur
123	PRINCIPAL AYUB ALI	Male	Educational Institution	Vill.+Po-Kuchiamara, Ps-Sirajdikhan. Dist-Munshigonj.
124	MD. ABUL MANSUR	Male	CEPAW	House-44, Road-13, Sector-14, Uttara, Dhaka
125	MASKURA YASMIN	Female	ACORD	26/1, Anarkali Road, Tongi Bazar, Manno Nagar, Tongi, Gazipur
126	SHIKHA SHAHA	Female	SMS	Mukunda Bari, Jamalpur.
127	GEETA GOSWAMI	Female	BCSU	Labour House, Srimangal, Mouluibazar,
128	MD. ATAUR RAHMAN	Male	CHESTA	Kotchandpur, Jhenidah
129	PRO. ASHEK E ELAHI	Male	PSUS	Nakhipur, Sham Nagar, Satkhira.
130	NAZRUL ISLAM	Male	DORP	152/2-I, Green Road, West Panthapath, Dhaka-1205
131	JANNATUL FERDOUS	Female	NGTWF	KA-78/2 (2nd Floor), Kuril Chowrasta, Baddha, Dhaka
132	SABNAM SHARMIN	Female	UMKS	Gopalpur, Palna Sadar, Pabna
133	PURNIMA ISLAM	Female	SSKS	Gopalpur, Palna Sadar, Pabna
134	MD. NURAL ALAM	Male	RCP	House-568/559, Motpukur, P.O.-Ghoramara, Dist.-Rajshahi-6100
135	ROSETTEE NAJNEEN	Female	RUS	H-570, Ramchandrepur (Khorbona), Boalia, Rajshahi
136				
137	S. M. ABUL KALAM AZAD	Male	MHN	Room-5017, Arts building, 4th floor, Clinical Psychology Department, DU
138	MAHBUBA BEGUM NIRU	Female	BAWSE	322/2 Shipahibagh, North Goran, Dhaka-1219.
139	A. H. M. FOYSOUL	Male	DORP	152/2-I, Green Road, Dhaka-1205
140	ROKEYA JAHAN	Female	PRATAY	121/Ka, Pisei Culture Society, Shyamoli, Dhaka-1207
141	MRS. USHA RANI MANNA	Female	BCSU	Labour House, Srimangal, Mouluibazar,
142	BIJOY BOONERJEE	Male	BCSU	Labour House, Srimangal, Mouluibazar,
143	AMAL KUMAR TANTI	Male	BCSU	Labour House, Srimangal, Mouluibazar,
144	BHUPATI RANJAN MUNDA	Male	BCSU	Labour House, Srimangal, Mouluibazar,
145	KAZI HAFIZUR RAHMAN	Male	SHABOLOMBI	Uttar Kurigram, Po: Ratangonj, Dist: Narail-7501.
146	REETA BOONERJEE	Female	BCSU	Labour House, Srimangal, Mouluibazar,
147	MOHAMMAD ABDUL HAI BHUIYA	Male	Youth Forum	812/1, Kazi Para, Mirpur, Dhaka-1216
148	JOYSHREE BOONARJEE	Female	BCSU	Labour House, Srimangal, Mouluibazar,
149	A.B.M. MOSLEM UDDIN BHUIYAN	Male	SOREX	ARUP Bhaban, (1st floor), 107, Agrabad Commercial Area, Chittagong.
150	MOKAMMEL HOSSAIN	Male	DORP	152/2-I, Green Road, Dhaka-1205
151	DENESH RAO	Male	RRC	RRC Bhaban, C & B Road, Karbala, Jessore-7400
152	DR. KAMRUNNESSA GLORY	Female	BSPP	17 DIT Road, Rampura, Dhaka.
153	SARKER NAZMUN HOSSAIN	Female	ACORD	Manno Nagar, Tongi, Gazipur
154	DIPTY DAS	Female	HEED Bangladesh	Road No.-9, House No.-6, Sakertak, Dhaka
155	NOOR-UN-NAHAR	Female	HEDS	51/1, Green Corner, Green Road, Dhanmondi, Dhaka-1205
156	SHAHADAT ISLAM CHOWDHURY	Male	PRADIP	106/8, Monipuri Para, Tejgaon, Dhaka-1215.



157	ABDUR RAHMAN KHAN	Male	PRADIP	106/8, Monipuri Para, Tejgaon, Dhaka-1215.
158	ABU SAYED MANJUR MORSHED	Male	SANGRAM	Shahid Srittee Sarak, Barguna
**159	ANJELO DAS	Male	RRC	RRC Bhaban, C & B Road, Karbala, Jessore-7400
160	PANKAJ KUMAR SARKAR	Male	RRC	RRC Bhaban, C & B Road, Karbala, Jessore-7400
161	GOLAM NABI ALAMGIR	Male		Ex-chairman, Bhola Powrashava, Bhola Salar, Bhola
162	MD. ISMAIL HOSSAIN	Male		Vill.-Chiray para, P.O.-Barpara, Narayanganj
163	RICHARD M GOMES	Male	DORP	152/2/I, Green Road, Panthapath, Dhaka.
164	ENAMUL HAQUE	Male	TRISNA SUS	Trishna Confectionary, Sadar Road, Bhola
165	OSMAN GHONI	Male	SAMPREETI	123, Janota Housing, Shah Ali Bagh, Mirpur-01, Dhaka-1216.
166	MRS. ROWNAK JAHAN	Female	BMCWWC	House no. Cha-63/5, Uttar Badda, Pragati Sarani, Gulshan, Dhaka.
167	BEGUM TAHMINA	Female	WVO	14-15, Adarsha Chhayaneer, Ring Road, Shymoli, Mohammadpur, Dhaka-1207
168	BENEDICT SIKDER	Male	GDS	Vill -Kaligram, P.o-Jalirpur, Mukseedpur, Dist-Gopalganj.
169	SUFIA WAZED	Female	NSKP	31/1, Mahtab Uddin Rd. Court Para, Kushtia.
170	M.A. JALIL MIA	Male	DCI	C/O. DCI, Araihaaz, Narayanganj
171	ABUL HASEEB KHAN	Male	RIC	9/2, Block-D, Lalmatia, Dhaka-1207.
172	SHEIKH AMINA AHMED	Female	NUS	823/A, Khilgaon, Dhaka-1219.
173	ABU RIYADH KHAN	Male	RIC	9/2, Block-D, Lalmatia, Dhaka-1207.
174	SHAMIM IQBAL	Male	DCI	H-557, Road 9, Bautul Aman Housing, Adabar, Dhaka-1207I
175	SAIDUR RAHMAN	Male	HDSS	26, Dhaka Housing, North Adabar, (Shamoly), Dhaka
176	SHAHANA BEGUM SHELLY	Female	RIC	9/2, Block-D, Lalmatia, Dhaka-1207.
177	ABU SAYED KHAN	Male	RIC	9/2, Block-D, Lalmatia, Dhaka-1207.
178	YASMIN ARA	Female	RIC	9/2, Block-D, Lalmatia, Dhaka-1207.
179	MD. BASHIRULLAH	Male	BAMKS	48/B. WEST RAZABAZAR. DHAKA
180	MRS. MONTAZ ARA ROOMY	Female	MUKTI NARI O SHISHU UNN	45/14R. A.KHAN CHOWDHURY ROAD THANAPARA. KUSHTIA.
181	DILRUBA SARMIN	Female	MUKTI	78, Sher-e-Bangla Road, Rayer Bazar, Dhaka-1205.
182	JAHANARA RAHMAN	Female	DEVELOPMENT INITIATIVE	6/18, BLOCK- E, LALLMATIA, DHAKA-1207.
183	NASIMA KHANAM	Female	DEVELOPMENT INITIATIVE	6/18, BLOCK-E, LALLMATIA, DHAKA-1207.
184	SHARMIN AHMED	Female	Youth Organisation	Gono Bishwabidhalay.
185	JASMICA GAFFAR	Female	Individual (Youth Forum)	78, Sher-e-Bangla Road, Rayer Bazar, Dhaka-1205.
186	RINA AKHTER	Female	GKT	19-20, Adorsho Chayaneer Housing Society, Ring Road, Shymoli, Dhaka.
187	MAMTAZ BEGUM MAYA	Female	GKT	19-20, Adorsho Chayaneer Housing Society, Ring Road, Shymoli, Dhaka.
188	SYED KAMRUL HASSAN	Male	GUP	13B/10B, Block-B, Babar Road, Mohammadpur, Dhaka-1207.
189	SABRINA IMAM	Female	Youth Forum	5/11, Block-D, (2nd floor), Lalmatia, Dhaka-1207.
190	RAIHAN FERDOUS AUVEEK	Male	Youth Forum	50/2, Station Road, Tejgaon, Dhaka-1215
191	MD. FARIDUL AMIN	Male	PSS	SPONDON, House: B-135-136 Bazar Road, Savar, Dhaka.
192	MISS NAMITA RANI DAS	Female	RRC	RRC Bhaban, C&B Rd. Karbala, Jessore-7400.
193	HASMAT ULLAH GAZI	Male	BSF	DPHE Bhaban, 14, Kakrail, Dhaka.
194	MD. MODASSARUL HAQUE	Male	BSF	DPHE Bhaban, 14, Kakrail, Dhaka.
195	NURJAHAN BEGUM	Female	GK	P.O. Mirzanagar, Via-Savar cantonment, Savar, Dhaka-1344.
196	SAJEDA BEGUM	Female	Nari Unnayan Sakti	
197	AFROZA PARVEEN	Female	Nari Unnayan Sakti	
198	MR. MOHSHI MANDAL	Male	DCPUK	Islam Villa, House-269, Road-4, Guratipara, Rangpur.
199	CHOWDHURY HOSNEARA IQBAL	Female	GKK	25/13-B, Tajmahal Road, Mohammadpur, Dhaka-1207.
200	AMBIA SHAFI	Female	CHETONA	Shakhaty Jamrul Tala, P.O.N.S. Town, Jessore.
201	MOHIB ULLAH KHONDOKER	Male	GK	House-14/E, Road-6. Dhanmondi. Dhaka-1205.
202	FARHAD AMIN CHOWDHURY	Male	PHM Secretariat	152/2-I Green Road, Dhaka-1205
203	ASMA AKHTER	Female	PHM Secretariat	152/2-I Green Road, Dhaka-1205
204	PARI TUDO	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
205	LUCIANA SAWREN	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
206	GITA RANI MAHATO	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
207	BINA RANI MAHATO	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
208	CHING WOING MARMA	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
209	MENRI HAWI BAWM NORI	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
210	KONI FRANCIS LUSHAI	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
211	THUI BAIMA MARMA	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
212	KOAI SHANGU MARMA (EMU)	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
213	MUI ME CHING MARMA	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
214	ME SHING CHING MARMA	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
215	LIZA TRIPURA	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
216	WAI NU CHING MARMA	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
217	PRU MUE CHING MARMA	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.
218	SAING SAING AYE MARMA	Female	GK	P.O. Mirzanagar Bhia Savar Cantonment. Dhaka-1344.









## People's Health Movement ( PHM ) Bangladesh Circle

152/2-i Green Road, Panthapath, Dhaka-1205, Bangladesh

Phone: 9130101, 9138695

Email: [phmbc@dhaka.net](mailto:phmbc@dhaka.net)